



THE IMPORTANCE OF CARDIOVASCULAR MAGNETIC RESONANCE IMAGING IN LUPUS PATIENTS WITH ATYPICAL CARDIAC SIGNS AND SYMPTOMS

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BACKGROUND

Systemic Lupus Erythematosus (SLE) is an autoimmune disease with female preponderance (9F:1M), in which group symptoms usually appear during the second or third decade of life. It involves multiple organs, including heart. We should consider Magnetic Resonance with Gadolinium for Lupus patients with atypical cardiac signs and symptoms and normal Electrocardiogram and Echocardiogram findings. This technique is based on the distribution characteristics of Gadolinium in different tissues, such as normal myocardium, recent infarcted and fibrotic ones. The images of this technique delineate the non-viable points of the heart (fibrosis and infarction) accurately and with unprecedented resolution. The Magnetic Resonance contrast has been shown to be completely innocuous and does not impair any organic function.

CASE REPORT

Patient is female, 36 years old, diagnosed with SLE and Obstetric APS, with precordial pain complaints of recent onset (20 days), tightening, and referring pain to Left Upper Arm lasting approximately 2 hours, occurring independently of efforts and improving with simple analgesics. The pain was reproducible to palpation, without similar previous episodes. She has complained of emotional conflicts at work. She denied dyspnea, cough, sweating, skin paleness. Input ECG showed sinus rhythm, presence of the T wave, inversion in V5 and V6. Cardiac catheterization revealed normal pressures in the aorta and coronary without obstructions. Echocardiogram was compatible with normality. The Magnetic Resonance of the heart showed preserved biventricular systolic function; anterior myocardial infarction; basal, lateral and lower apical average. Coexistence of late enhancement of diffuse pattern in the anterior basal, lateral and apical middle septal segments were compatible with vasculitis and/or acute myocarditis with or without vasculitis infarcts. Differential diagnose was thromboembolic infarctions in patients with acute vasculitis. The decision made was for use of pulse therapy with Methylprednisolone and Cyclophosphamide, with total resolution of symptoms.

CONCLUSION

The Cardiac Magnetic Resonance in patients with SLE with atypical cardiac signs and symptoms (fatigue, shortness of breath, early repolarization and sinus tachycardia) can be used to further investigate those with silent heart disease lost by Echocardiography and Electrocardiogram. It's possible to diagnose myocarditis, myocardial infarction, and vasculitis, aiming at an early diagnosis and the best treatment for the patient.